



## Lawyers Professional Liability Insurance Renewal Application

**NOTICE:** This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to the policy provisions.

### Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

City State Zip Limit Requested: \_\_\_\_\_

Deductible Requested: \_\_\_\_\_

Applicant is:  Proprietorship  Partnership  Corporation  Association  LLP  LLC  Other

### 1. Fee Volume/Billings:

- \$0 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$400,000
- \$400,001 - \$500,000  \$500,001 - \$1,000,000  \$1,000,001 - \$2,000,000

If revenues are in excess of \$2,000,000 please include actual revenues \_\_\_\_\_

### 2. Personnel – List all Lawyers to be covered including “of counsels” and independent contractor lawyers

NAME	STATUS DESIGNATION CODES *	HOURS WORKED PER WEEK	STATE(S) ADMITTED TO PRACTICE	CLE HOURS LAST 12 MONTHS	YEAR FIRST ADMITTED TO BAR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*O-Owner P-Partner/Member E-Employed Lawyer PT-Part Time OC-Of Counsel IC-Independent Contractor

Attach separate sheet if necessary.

For new attorneys please complete a New Lawyer Form.

\_\_\_\_\_ Current total number of non-lawyer employees.

\_\_\_\_\_ Number of suits for fees past 12 months.

Renewal Application

### 3. Mergers and/or Acquisitions

Has the applicant merged with, or acquired, another law firm since last year's application?  Yes  No

If yes, please attach a narrative describing the details.

### 4. Area of Practice Changes – From Expiring Policy **NO CHANGE**

<b>AREA OF PRACTICE As a % of Total Billings <i>Round to the nearest whole percent</i></b>	<b>%</b>	<b>AREA OF PRACTICE As a % of Total Billings <i>Round to the nearest whole percent</i></b>	<b>%</b>
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking**		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tennant/Leases	
Bonds **		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		Medical Malpractice Plaintiff *	
Class Action Plaintiff *		Mergers & Acquisitions	
Collection**		Municipal Law	
Commercial Defense		Oil & Gas Mining	
Commercial Law		Oil & Gas Title	
Consumer Claims		Patent, Trademark, Copyright – Filing **	
Construction Law		Patent, Trademark, Copyright Litigation **	
Contracts		Patent, Trademark, Copyright Prosecution**	
Corporate Formation		Plaintiff BI/PI (Non Product Liability) *	
Corporate General		Product Liability Plaintiff *	
Corporate Litigation		Real Estate Closings/General**	
Criminal Law		Real Estate Commercial Title**	
Divorce		Real Estate Development**	
Employment Law		Real Estate Investment Trusts**	
Entertainment		Real Estate Limited Partnership**	
Environmental Law **		Real Estate Residential Title**	
ERISA		Real Estate Syndication**	
Estate Planning		Securities **	
Estate/Trust/Probate**		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures		Traffic	
Foreign Law		Wills	
Guardianships		Workers Compensation Plaintiff *	
High Profile Divorce		Workers Compensation Defense	
Immigration/Naturalization		Other: Please Explain on firm Letterhead	
		<b>Total</b>	<b>100%</b>

Please complete appropriate area of practice supplemental application(s) if the Area of Practice is new to the firm, or the percentage is an increase of more than 25% from last year.

\*Please Complete Plaintiff Supplement

\*\*Please Contact Agent for Supplement

## 5. Claims, Incidents & Disciplinary Actions

After inquiry, have any of the following occurred during the last 12 months:

- A. Disciplinary actions against any lawyer? Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar?  Yes  No

If "Yes", please explain by attachment.

- B. Summons, lawsuit or claims for professional liability?  Yes  No  
C. Incidents or circumstances that could result in a claim?  Yes  No  
D. Changes in the status, amounts reserved and/or amounts paid for claims, incidents or circumstances which were open as of the inception date of the expiring policy?  Yes  No

If yes, to B, C or D please complete **Supplemental Claim Information** for each instance.

### Supplemental Claim Information:

If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim: \_\_\_\_\_
2. Full name of claimant: \_\_\_\_\_
3. Indicate whether:  Incident  Claim  Suit
4. Date and location of alleged error: \_\_\_\_\_
5. Date of claim: \_\_\_\_\_
6. Additional defendants: \_\_\_\_\_
7. IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court Judgment  Out of Court Settlement  
\*Including Defense Expenses incurred.
8. IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?  Yes  No
9. Name of Insurer responding to this claim or incident: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Limits of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Type of Form:  Occurrence or  Claims Made
10. Description of claim: (Provide enough information to allow evaluation and use additional sheet if more space is required.)
  - a. Alleged act, error or omission upon which Claimant bases claim: \_\_\_\_\_  
\_\_\_\_\_
  - b. Describe what activities gave rise to the claim or incident: \_\_\_\_\_  
\_\_\_\_\_
  - c. Describe the type of injury or damage allegedly sustained: \_\_\_\_\_  
\_\_\_\_\_

Does this incident or claim follow or result from an action to collect fees?  Yes  No

### 5. Signature & Agreements

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated;
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Ironshore, to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Ironshore in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and

**(C) acknowledges that, in the event Ironshore issues a policy, (1) Ironshore in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by Ironshore and if the Insured elects to handle any claim without such lawyers or otherwise without Ironshore's involvement, then no coverage for such claim will be afforded the Applicant under the policy.**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME ALSO AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS - WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO TEXAS APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

X \_\_\_\_\_  
Signature of Owner, Officer, Partner, Shareholder, or Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title